Ethics

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FILE	17994-1516_5580251_33359463_ETHICS.DOCX (156.85K)		
TIME SUBMITTED	01-MAR-2016 07:02PM	WORD COUNT	3114
SUBMISSION ID	53621065	CHARACTER COUNT	17575

Adult nursing Bsc (Hons)
Pipp Level 6

The Nature of this paper is going to look into the professional, legal and ethical issues of use hand control mittens in confused patients. Gallagher 2011 describes restraints as anything that stops someone from doing what they want to do this could include putting a table in front of the patient to try stop them from getting up out of their chair freely. The Patient I am going to refer this issue to through out the paper is an 84 year old male who was admitted to hospital with pneumonia, he also suffered from dysphagia and had new onset confusion which developed during in his stay. The issue which I am going to look at is the use of Restraints on Patients, as during the Patients stay he had mittens put on which restrained the use of his hands, the reason for the mitts being used is that the nurses thought that he may attempt to pull his intra venous cannula out which he was receiving fluids through to help with his decreased fluid intake.

DoH 2014 explains physical restraint as any direct physical contact where the aim is to stop or prevent the patients movement. The DoH (2014) also describe mechanical restraint as the use of any device which inhibits or prevents a persons body movement or to control someone's behavior. In this case the nursing staff had used mechanical restraints to stop the patient from moving his hands. The main use of the hand restraints was to stop the patient from pulling his intravenous line out. However by using the hand mitts it also stopped the patient from pulling his quilt up, itching his face, and to be able to have a drink when he liked. NHS, (2015) say that some symptoms such as repetitive hand rubbing which the patient did, he also did it with the sheet as he liked to feel the different textures, this can be symptoms of Dementia, and by stopping him from doing this made him a lot more agitated and aggressive. Gallagher (2011) also mentions that the patient trying to pull out his intravenous lines could be a sign of discomfort or refusal of treatment.

GOV (2005) The mental capacity act looks at the use of restraints in patients who lacks capacity and suggest that restraints should never be a first means of treatment and that restraints should not be used unless two of the three conditions can be met which include; that there is reasonable means to believe that the person in question lacks capacity, It is necessary for the restraint as the patient is likely to suffer harm but also the seriousness of

that harm must be taken into account. The Patient had not received a formal mental capacity assessment before the Mitts were applied or at any time before tis moment in his stay. It was at the nurses discretion that the mitts were applied, also other options were not tried before the mitts were applied. Bridgman (2000) says that any use of restraint against an adult is unlawful, unless its permitted by law. This would suggest that because the Patients capacity wasn't assessed before hand that the use of the mitts were not legally used correctly. The use of any type of restraint is an act which restricts a person freedom which is a Deprivation of there liberty. The Mental Capacity Act (2005) no one is authorized to deprive someone of their liberties unless the court has approved it or that the deprivation of liberty is to give life sustain treatment or any treatment which will prevent the patient from serious deterioration. The patient in the case study had the restriction of freedom and deprived of his liberty's by having restraints put on his hands, the reasons was to stop him from pulling his IV line out of his arm but if the patient did pull his IV line out would it have caused the patient to deteriorate. The patient was having Intravenous fluid therapy as his oral intake was inadequate, as he would not drink on his own accord and only on encouragement and with being in a busy ward it could be hours in between nurse visits to encourage drinking. Johnstone Et Al (2015) suggest that dehydration can lead to confusion and kidney failure which would deteriorate the patients condition. However if the patient was encouraged more frequently to drink then they may have not been a need for the IV fluids.

The trust (2014) of which the patient attended has a policy on safeguarding a persons liberty, it states that we should not assume a person doesn't have mental capacity even if they make an unwise decision, and that a thorough mental capacity assessment should take place if anyone believes a person doesn't have capacity in that area. Because there wasn't a capacity assessment completed before using the restraint the patient was deprived of freedom and his human rights were violated. The Human rights Act (1998) states out in article 5 that everyone has the right to liberty and security (Gov 1998). As well as looking at the use of restraints and deprivation of liberty the Mental Capacity Act also sets out code of practice for assessing a persons mental capacity. The Mental capacity Act code of practice say that the main signs that a person who lacks capacity have signs such as unable to retain and understand information, however they may lack capacity in one are but may have

capacity in other areas (GOV 2007). The Mental capacity code of practice (2007) says that there is actually no specific sanctions applied if people fail to comply with the code however it can still be used as evidence in a court of law if the actions weren't in the patient who lacks capacity's best interests.

The use of restraints can effect a person physically and also psychological. Tilly and Reed (2006) suggest that the use of restraints increase the risk of falls especially in confused patients. With the patients he had restricted use of hands so if he did fall he wouldn't have been able to use his hands to try stop himself. In America restraints are frequently used, even with the risk of physical injury and even death Mohr Et Al (2003) found that some injuries which occurred because of the use of restraints included dehydration, chocking, circulatory and skin problem, incontinence, and reduced mobility. He also suggests that most deaths and injuries that occurred was due to improper training, and faulty restraint, and improper use of equipment. The patient didn't suffer any injury however he did loose his independence because of the mitts as he was unable to get dressed, eat even itch his face Taking someone's independence away can be classed as abuse, but it wasn't abuse in this case as the mitts were used in the patients best interest. Evergreen (1999) also suggest that some other effects of restraint use can include anger, frustration, and demoralization. With this patient you could see that he was getting frustrated with the mitts as he would try different ways to pull them off, this caused his arms to become sore, so as a nurse one of the four principles includes that we are to be non-maleficence which means to cause no harm to our patients, even though it wasn't the nurse physically causing the harm, the patient was hurting himself to remove something that the nurse had put in place which then caused the harm (Beauchamp and Childress, 2009). Brophy et al (2016) also say that the use of restraints can lead to loss of dignity. As a nurse we are supposed to respect a patients dignity but by using restraints we run the risk of taking the patients dignity away. Use of restraints can also lead to emotional distress, which is not beneficial to patients recovery (Kruger et al, 2013), and as a nurse everything we do must be beneficence. Stubbs et al (2009) suggest that the use of any restraints can be traumatic for patients as some patients who may not be able to understand may think that it is a type of punishment or if the patient has been restrained in the past that it could bring up re traumatization. This is why

its important to assess the need for restraints on a daily basis so that we can reduce the risk of this..

Ethical approaches in nursing provides us with a framework for decision making, and allows us to evaluate and justify our decision and if they were morally correct, (Beauchamp and Childress 2009).

The Utilitarianism theory is based around consequences, it suggests that our actions should have the maximum positive effect, and that we should aim to achieve the greatest outcome without out thinking of the consequence that may occur, (Beauchamp and Childress, 2009). Other theories such as Deontology, is based around promoting good but also looks at the moral justification of the decision, unlike utilitarianism it also has rules that must be followed whatever the consequence of that action is. One of deontology concepts looks at a persons obligation and duty. This theory relates more to the decision process of using restraint mitts on the patient. Because as a nurse your first rule is to have the patients best interest at the forefront of every decision you make. So by using hand mitt restraints the outcomes we were wanting to achieve was to improve the patients health, even if the consequence of doing this meant restricting the patients freedom, however the moral justification of the decision is that hand mitts would do more good than harm (Hendricks , 2001).

The NMC (2015) has four main standards which cover a large area of nursing and all nurses should adhere to, these include that as a nurse we should priorities people this is treating them as individuals, and also to listen and address there concerns and that we act in the patients best interest. Hendricks (2001) suggests that by working in the patients best interests that the patients choices are over ridden, as mentioned early the patient may have wanted to pull his cannula out because of discomfort or refusal of treatment, however because they believed the patient didn't have capacity to make that choice, the nurses decision to put the mitt restraints on was that they were going to do more harm than good, so even though the patient may have thought that the nurse was being malicious towards him by using restraints how ever she was acting paternalistic. Lawrence (2007) suggest that acting in a patients best interest can sometimes challenge respecting a patients autonomy, as the patients may not think of an act by heath professionals being good, however the

Nursing team may think that it is an act of doing good, this is because everyone's perception of doing good is different. Hendricks (2001) suggests that sometimes the only way to protect patients who may have learning or mental health problems from harm it to over ride or limit their autonomy. Cole Et al (2014) say that when the patients autonomy has been limited then the need a paternal practitioner is needed. Beneficence comes into to being a paternalistic practitioner, the rules of beneficence is to Protect and defend the rights of our patients, prevent harm occurring to our patients, remove conditions that will cause harm, help people who have disability, physical, learning and mental disabilities, and to rescue people who are in danger (Beauchamp and Childress)
Even though the patients mitts were applied in a beneficence way to stop the patient causing harm to his self, by doing so we didn't defend the right of freedom of the patient instead we deprived him of it.

The second Standard/ Principle is practice effectively ensuring that we use the best available evidence in practice (NMC 2015). the bet available evidence on use of restraints which suggest that use of restraints should be one of the last options and that other interventions should be used (NICE, 2015.) Even though the mitts were helpful in treatment it should have been a last option and other options should have been tried first.

Preserve safety, this includes being open and honest to patients and practice and being honest when mistakes are made. It also means that if we believe the patient is at risk of harm we should act without delay. The mitts were used as an intervention to prevent the patient from dehydrating and to stop there health deteriorating,, however as mentioned earlier and Kruger et al 2015 also agrees that the use of restraints increases the risk of falls, injuries and in some cases has also lead to death. The mitts were a very low risk of death as Kruger et al(2015) mentions that death occurred more commonly with full body restraints and in proper use, however the risk of falls were high, as the patient was unable to support and stabilize himself. The patient was a falls risk before the use of the restraint mitts so by using the mitts we increased his risk.

The final principle is that we should promote professionalism and trust (NMC, 2015) this includes ensuring that we ensure that we don't cause any upset anger or distress to our

patients. As mentioned earlier the mitts did cause distress to the patient as the mitts stopped him from doing simple tasks such as pulling his own sheets up.

Other professional issue include that the mitts were not properly assessed for as the patient should have had a capacity assessment done before application. As when the mental capacity assessment assessment was done it did show that the patient wasn't able to retain or understand the information, however he did have capacity in other areas such as when he wanted a drink it was the interventions that we were doing to him that he struggled to understand.

As well as the use of restraints having an effect on the patient it also has emotional effects on the staff too, chia-Jung, and Chiou-Fen, (2014) say that most healthcare's will feel guilt after applying the restraints. This was the case her when seeing the patient with the mitts on it made me upset as I could so that by just one little thing we had taken this mans independence away, and made him dependent on us, I also felt empathetic towards the patient seeing his frustration and anger when he couldn't do the things he wanted. Even though the reasoning for the use of restraints was beneficial towards the patients, the whole assessment part could have been better, as mentioned by (Gov 2005) that the use of restraints should not be the first option and only used in emergency or that there is a high risk of deterioration to the patients health. Even though the mental capacity assessment showed that he lacked capacity this should have been done when the patient started to first show signs of confusion. Also other methods for example one to one should have been a method to encourage oral intake as if that worked the intravenous therapy wouldn't have been needed, meaning that the mitts wouldn't have been needed. Even though other methods were not used the patients best interest was still at the forefront of decision making, as mention restraint come with many risk but the beneficence of doing good outweighed the potential risks. If the issue came up again in practice again I feel that I have increased my knowledge on the subject and also increased my legal knowledge about the use of restraints and feel that I have a better more informative idea on when and when not restraints should be used in practice. I also have a better understanding of the possible risks and effects which come with the usage of restraints. Overall the assessment of the need of

restraint could have been better however the patient did improve because of the

Intravenous fluid therapy, which improved the patients health.

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